

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	SECURING DEVICE FOR RECEIVER HITCH ASSEMBLIES																						
Application Number :																							
Date :																							
First Named Applicant:		Mr. Marty Williams																					
Attorney Docket Number:		sh3																					
<b>TOTAL FEE AUTHORIZED \$ 375</b>																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375				Subtotal For Basic Filing Fees: \$ 375								
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	2001	375	375																				
			Subtotal For Basic Filing Fees: \$ 375																				
EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 6</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 6	0	2202	9	0	Independent Claims : 1	0	2201	42	0					Subtotal For Extra Claims Fees: \$ 0
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 6	0	2202	9	0																			
Independent Claims : 1	0	2201	42	0																			
				Subtotal For Extra Claims Fees: \$ 0																			
<b>AUTHORIZED BILLING INFORMATION</b>																							
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																							
Credit account number:		1697																					
Expiration Date (YYYYMMDD):		2003-09-30																					
Authorized name:		Glenn Webb																					
Billing address:		80433																					